

**PRINT in BLACK ink**

Enter the name of the county in which the case was filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> _____ <b>COUNTY</b>	<i>For Official Use</i>
Enter the Plaintiff's name.	Plaintiff(s) (Name and Address):	
Enter the Plaintiff's address.	First name Middle name Last name _____ Address _____ Address _____ City State Zip	
If there is more than one plaintiff, check the "additional plaintiffs" box and attach another sheet with their names and addresses.	<input type="checkbox"/> See attached for additional plaintiffs.	
Enter the case number.	<b>-vs-</b>	
Enter the Defendant's name.	Defendant(s) (Name and Address):	Case No. _____
Enter the Defendant's address.	First name Middle name Last name _____ Address _____ Address _____ City State Zip	
If there is more than one defendant, check the "additional defendants" box and attach another sheet with their names and addresses.	<input type="checkbox"/> See attached for additional defendants.	

**Small Claims  
Demand for Trial  
And Instructions**

For 1, check one box. For 2, check either 2a or 2b and enter the appropriate date. If 2a, file with the court and mail to the other parties and attorney (if any) copies of this form within 10 <b>calendar</b> days of the oral decision. If 2b, file with the court and mail to the other parties and attorney (if any) copies of this form within 15 <b>calendar</b> days from the date a written decision was mailed. §799.207(3)(c).	<p>1. I am the <input type="checkbox"/> plaintiff <input type="checkbox"/> defendant in this small claims case.</p> <p>2. This case was decided by a court commissioner as follows:</p> <p>a. <input type="checkbox"/> Orally in court on (date) _____.</p> <p style="text-align: center;"><b>- OR -</b></p> <p>b. <input type="checkbox"/> By a written decision mailed on (date) _____.</p> <p>I demand a trial before a circuit court judge. I understand it is my responsibility to mail or deliver copies of this demand to all other parties and attorney (if any) and I must prove that I have done so.</p>	
Sign and print your name. Enter the date on which you signed your name. <b>Note:</b> This signature does not need to be notarized.	Signature of Party	Date
If an attorney is completing this form, enter your information.	Attorney Name, Law Firm, Address, and Telephone Number	Attorney's State Bar Number
<b>You must be able to prove you mailed or delivered copies to the other parties and attorney (if any). You should file your proof of mailing or delivery at the time you file your Demand for Trial. Proof of mailing includes, but is not limited to, a return receipt for certified or registered mail, a post office certificate of mailing, or a notarized affidavit of mailing.</b>		